



# Benefits of Using Network Dentists

## UnitedHealthcare Dental® Options PPO Plan

With your Dental Options PPO plan coverage, you have the freedom to see any dentist you choose ... but you maximize your value by choosing a dentist from your plan's extensive network of qualified dentists.

You realize substantial cost savings when visiting a participating network dentist. In network, you take advantage of special rates available to plan enrollees.

If you see a non-network dentist, your out-of-pocket expenses may be higher. Many plans provide non-network plan payments based on **Reasonable & Customary fees**; other plans provide non-network plan payments based on a **schedule of maximum allowable charges** referred to as a "MAC" schedule. If your non-network dentist charges more than the amount allowable by your plan, you will pay the difference, in addition to your coinsurance amount.

#### Advantages of using network dental providers

- · Lower out-of-pocket costs
- · Broad network of dentists and specialists to choose from
- Network dentists must meet credentialing standards defined by the National Association of Dental Plans
- · No need to pre-select a dentist
- · Visit any specialist without a referral
- · No claim forms to file

If you use a non-network dentist, you may be required to pay the full cost of your procedures at the time of your visit, and then submit a claim form for reimbursement of your plan benefit.

## Here are some hypothetical examples of how using network dentists can save you money:

Non-network	rk na	vments	hased on
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Reasonable and Customary Fees	Porcelain Crown	Molar Root Canal		
If you receive care from a Non-Network dentist:				
Reasonable & Customary Fee	\$760	\$728		
Plan Payment*	\$380	\$582		
Your Cost	\$380	\$146		
If you receive care from a Network dentist:				
Network (MAC) Fee	\$576	\$603		
Plan Payment	\$288	\$483		
Your Cost	\$288	\$120		
Your Network Savings:	\$92	\$26		

Non-network payments based on				
Maximum Allowable Charges	Porcelain Crown	Molar Root Canal		
If you receive care from a Non-Network dentist:				
Typical Fee	\$760	\$728		
Plan Payment**	\$288	\$483		
Your Cost	\$472	\$245		
If you receive care from a Network dentist:				
Network (MAC) Fee	\$576	\$603		
Plan Payment	\$288	\$483		
Your Cost	\$288	\$120		
Your Network Savings:	\$184	\$125		

See your Benefit Summary or contact your benefit administrator to determine whether your plan payment for non-network services is based on Reasonable and Customary fees or the schedule of maximum allowable charges.

Fees in examples are based on national averages.

Porcelain crown example based on 50% plan benefit both network and non-network; molar root canal example based on 80% plan benefit both network and non-network.

If your non-network dentist charges more than the amount allowable by your plan, you will pay the difference, in addition to your coinsurance amount.

These examples assume that any plan deductible has been met.

### To locate a participating network dentist:

- Look at the online directory available via www.myuhcdental.com
- Call your UnitedHealthcare Dental Customer
  Service team at the toll-free number listed on your dental ID card

If your current dentist is not participating in the Dental Options PPO Plan, you can nominate him/her to join the network:

- Call UnitedHealthcare Dental toll-free at
  1-877-816-3596 during the hours of 8 a.m. to 11 p.m.
  Eastern Time, Monday through Friday
- Provide your dentist's name, dental practice name, address and telephone number to the UnitedHealthcare Dental representative

The representative will forward this information to our network development team. A recruitment packet will be mailed to your dentist, and a network recruiter will follow up with your dentist after the packet is sent to discuss potential qualification and participation in the Dental Options PPO network.



<sup>\*</sup>Non-network plan payments in this example are based on national average "Usual and Customary" rates from the Ingenix Survey of Dental Charges (formerly the Prevailing Health Charges System of the Health Insurance Association of America).

<sup>\*\*</sup>Non-network plan payments in this example are based on national average rates from the schedule of maximum allowable charges (limitations on billed charges in the geographic area in which the expenses are incurred).